



Receipt

Patent  
Attorney's Docket No. 033352-007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Eva A. Turley et al.

Application No.: 09/685,010

Filed: October 5, 2000

For: COMPOSITIONS AND METHODS FOR  
TREATING CELLULAR RESPONSE TO  
INJURY AND OTHER  
PROLIFERATING CELL DISORDERS  
REGULATED BY HYALADHERIN  
AND HYALURONANS

Group Art Unit: 1615

Examiner: Not Assigned

TECH CENTER 1600-2600

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**REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT**

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Office of Initial Patent Examination  
Customer Service Center  
Washington, D.C. 20231

Sir:

Enclosed is a copy of the Official Filing Receipt marked in red to show corrections that are needed. The corrections to the Continuing Data as Claimed by Applicant are as follows.

THIS APPLICATION IS A CIP OF 09/541,522 FILED 04/03/00  
WHICH CLAIMS BENEFIT OF 60/127,457 FILED 04/01/99

Issuance of a corrected Official Filing Receipt is respectfully requested.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By: Mary Ann Dillahunty  
Mary Ann Dillahunty  
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Date: January 15, 2002



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/685,010	10/05/2000	1615	0	910130.401C1	57	37	16

David D McMasters  
 Seed Intellectual Property Law Group PLLC  
 701 Fifth Ave  
 Suite 6300  
 Seattle, WA 98104-7092

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## FILING RECEIPT



\*OC000000005655700\*

Date Mailed: 01/05/2001

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## Applicant(s)

Eva A. Turley, Residence Not Provided;  
 Tony F. Cruz, Residence Not Provided;

## Continuing Data as Claimed by Applicant

09/541,522 FILED 04/03/00

THIS APPLICATION IS A CIP OF 08/541,522 10/10/1995 PAT 5,574,879

~~WHICH IS A CON OF 08/252,020 06/02/1994 PAT 5,515,317~~~~AND CLAIMS BENEFIT OF 60/127,457 04/01/1999~~

WTRH

## Foreign Applications

If Required, Foreign Filing License Granted 01/04/2001

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 SEED INTELLECTUAL PROPERTY  
 LAW GROUP PLLC

## Title

Compositions and methods for treating cellular response to injury and other proliferating cell disorders regulated by Hyaladherin and Hyaluronans

## Preliminary Class

424

Data entry by : BRUNSON, MONIQUE

Team : OIPE

Date: 01/05/2001



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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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- o The docket number allows a maximum of 25 characters.
- o If your application was submitted under 37 CFR 1.10, your filing date should be the "date in" found on the Express Mail label. If there is a discrepancy, you should submit a request for a corrected Filing Receipt along with a copy of the Express Mail label showing the "date in."
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Bib Data Sheet

CONFIRMATION NO. 5697

<b>SERIAL NUMBER</b> 09/685,010	<b>FILING DATE</b> 10/05/2000 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1653	<b>ATTORNEY DOCKET NO.</b> 910130.401C1
<b>APPLICANTS</b> Eva A. Turley, London, ON, CANADA; Tony F. Cruz, Toronto, ON, CANADA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CON OF 09/541,522 04/03/2000 ABN <i>swl</i> WHICH CLAIMS BENEFIT OF 60/127,457 04/01/1999 <i>swl</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>NONE swl</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 01/04/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>swl</i> Initials		<b>STATE OR COUNTRY</b> ON	<b>SHEETS DRAWING</b> 57	<b>TOTAL CLAIMS</b> 37
		<b>INDEPENDENT CLAIMS</b> 16		
<b>ADDRESS</b>				
21839				
<b>TITLE</b>				
Compositions and methods for treating cellular response to injury and other proliferating cell disorders regulated by hyaladherin and hyaluronans				
<b>FILING FEE RECEIVED</b> 1093	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	